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SECRETARY OF STATE

State of South Dakota

Candidate's or Committee's Report of Receipts and Expenditures

Candidates and candidate committees: File in the office where you filed your nominating petition.

PACs, political party, ballot question and other committees: File with Elections Department, Secretary of State's Office,

500 E Capitol Ave, Pierre, SD 57501-5070

	:=======
See pages 9 & 10 of the Guideline Book for specific instruction completing this report.	ons on
Name of Candidate or Committee South Dakota Health Care Associati	on PAC
Complete Mailing Address 804 N. Western Ave., Sioux Falls, SD 5	€
Name of Person Making Report Mark B. Deak Phone	(605) 339-2071
If you are a candidate, what office are you seeking	
If you are a ballot question committee, indicate which measure committee was involved with during the reporting period and who measure was supported or opposed.	
Type of Report (See pages 4 & 5 of Guideline Book) Pre-Primar	1
For Reporting Period Ending (See pages 4 & 5 of Guideline Book	:) May 28, 2002
######################################	.
The following verification must be completed before submitting report.	
VERIFICATION OF PERSON MAKING REPORT	
I Mark B. Deak (print name legib	oly), certify
that I have examined this report and to the best of my knowled	lge and
belief it is true, correct and complete.	
Date: May 28, 2002 Candidate Signature or Signature of Committee Treasurer	or Chairperson
Revised July 2001	-
Filed this 11th	-day of 2
and La	celtine)

Name of Candidate or Committee _	South Dalwta Health Care Association PAC
For the reporting period ending	
Schedule A	- Direct Contributions

This schedule is used for reporting all direct contributions. You must keep a record of all contributors, but for this report you may combine all contributions of \$100 or less from individuals and the same from political parties and enter these sums as unitemized contributions on their respective lines below and on the next page. Any contribution of more than \$100 or aggregate during a calendar year from an individual or political party and all contributions from PAC's must be entered as a separate item (itemized) giving the amount, name, address and place of employment (if applicable) of the contributor. Each type of contributor has their own section for itemization. This schedule may be duplicated if you need more space, or you may attach additional sheets of paper.

Unitemized Contribution	*\$ -0-		
Itemized Contribution			
Mary Knutson Charlie Ward	Lake Preston, SD Beresford, SD	Place of Employment (Name of Employer) Kingsbury Memorial Manor Centeryine Good Sumaritan Center	
			\$\$ \$\$ \$\$
			\$

Total of Itemized Contributions from Individuals:

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or the reporting period ending_	<u></u>	
	•	_
nitemized Contributions from Po		*\$O_
emized Contributions from Poli	tical Parties	
Party Name	Address	
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otal of Itemized Contributions	from Political Parties:	*\$ -0-
cemized Contributions from Poli (All contributions from F PAC Name		.C's)
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 Name	of	Candidate	or	Comm	itte	e	Sout	n Dal	<u>kuta</u>	Hec	alth	Care	A	SSOC	icit	<u>ian</u>	PAC
For	the	reporting	per	riod	endir	ng_	May :	²⁸ , 20	OÐ								
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Fla	g Au	iction						C	10.00	2							
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Total: \$ 2.94

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Name of Car	ndidate or Comm	ittee <u>South Dal</u>	cota Health Ca	re Association PAC
For the rep	porting period	ending May 28, 20	ω	
		Schedule E - Expe	nditures	
provided for rea	porting common expe	tures relating to a candidate nses. All other expenses at be listed individually	should be listed. All	items have been contributions to
Item	Amount	Contributions M	ade to Candidat	tes and Committees:
Advertising	л			
Consulting				
Postage	1.22. .			
Printing				
Rent				
Salaries				
Telephone				
Travel				
Utilities				
Other Expen	ses:			
Ba				

Total Expenditures: \$ -0-

Name of	Candidate or Committ	ee South Dakota Health Care Association PAC
For the	reporting period end	ling May 28, 2002
	Schedu	lle F - Debts and Obligations

This schedule is to report all of the candidate's campaign obligations which are unpaid at the end of the reporting period. If a service has been contracted but not billed, estimate the amount of the obligation.

Owed To

Purpose

Amount

Total Obligations: \$ -0-

			*
Nam	e of Candidate or Committee South ?	Sakota Health Care Ass	sociation PAC
For	the reporting period ending $M_{\rm AV}$ 29	3, 2002	
	Summary	/ Page	
This Pleas	summary sheet will give a brief outline of all campaise transfer all totals from the schedules previously con	gn finance activity during this rempleted.	eporting period.
1.	Amount on hand, if any, at beginning	g of reporting period	\$ 2,554.51
2.	Receipts		
	Schedule A - Direct Contributions	\$ 280.58	
	Schedule B - Fund-Raising Events	\$ <u>587.90</u>	
	Schedule C - In Kind Contributions	\$ - 0 -	
	Schedule D - Other Income	<u>\$ 2.94</u>	
	Total of all receipts	\$ 871.42	
з.	Total Monetary Receipts (A+B+D)		\$ 871.42
4.	Candidate's Personal Contribution to	Own Campaign	\$0-
5.	Monetary Loans to Candidate or Commit Reporting Period	ittee During	\$ -0-
6.	Monetary Loans Repaid During Reports	ing Period	\$0-
7.	Expenditures - Schedule E		\$ -0-

Unpaid Obligations - Schedule F \$ -O-

9.

Amount on hand at the close of this reporting period. This should equal lines (1+3+4+5)-(6+7)